

REPORT TO THE LEGISLATURE ON THE
SAFELY SURRENDERED BABY LAW



STATE OF CALIFORNIA
Gray Davis, Governor

HEALTH AND HUMAN SERVICES AGENCY
Grantland Johnson, Secretary

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
Rita Saenz, Director

REPORT TO THE LEGISLATURE ON THE SAFELY SURRENDERED BABY LAW

LEGISLATIVE MANDATE

Senate Bill 1368 (Chapter 824, Statutes of 2000) by Senator James Brulte requires the California Department of Social Services to report to the Legislature on the effectiveness of the Safely Surrendered Baby Law. The report is to include the following: the number of children one year or younger who have been found abandoned dead or alive for each year in which reporting is required; the number of babies safely surrendered, their approximate age, and if there was evidence of abuse or neglect and the disposition of those cases; whether a medical questionnaire was completed; whether the person who surrendered the baby tried to reclaim the infant both during and after the initial 14 day period; the success of social workers contacting parents or legal guardians; and, whether the person seeking to reclaim custody of the infant is the individual who surrendered the baby.

Additional copies of this report can be obtained from:

California Department of Social Services
Child Protection and Family Support Branch
744 P Street, Mail Station 19-87
Sacramento, California 95814
(916) 445-2777

Copies may also be obtained on the California Department of Social Services (CDSS) website: www.dss.cahwnet.gov/pdf/SSBCampaign.pdf

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EXECUTIVE SUMMARY

California has joined 40 other states in responding to the problem of parents abandoning their unwanted newborns in unsafe places, thereby leaving their babies at risk. Through the enactment of Senate Bill 1368 (Chapter 824, Statutes of 2000), a parent or person having lawful custody of a newborn is granted immunity from criminal prosecution for abandonment if the newborn, up to 72 hours old, is delivered to an employee on duty in a hospital emergency room or other location designated by a county board of supervisors. The designated hospital employee is required to place a coded, confidential ankle bracelet on the infant and must provide, or make a good faith effort to provide, a copy of the bracelet to the parent. Additionally, the hospital employee must provide, or make a good faith effort to provide, the surrendering parent a medical questionnaire.

Senate Bill 1368, commonly known as the Safely Surrendered Baby Law, became effective January 1, 2001. It was passed by the State Legislature in response to the increasing number of abandoned babies found dead. The law was intended to give potentially desperate parents an alternative to leaving their infants exposed to unsafe and potentially deadly conditions. The hope is that the Safely Surrendered Baby Law will encourage parents to safely surrender their babies in a hospital environment as opposed to an unsafe alternative.

The California Department of Social Services (CDSS) initiated the Safely Surrendered Baby Public Awareness Campaign on October 2, 2002. At that time, materials to increase public awareness and to help promote this law were made available to county welfare agencies, probation departments, and numerous community and civic based organizations. The details of that campaign are discussed under the "Public Awareness Campaign" heading in this report. Additionally, Assembly Bill 2871 (Chapter 1099, Statutes of 2002) was passed in the 2001-2002 legislative session that requires school districts to include information about the Safely Surrendered Baby Law in sex education classes beginning in January 2003. It is expected that overall awareness of the Safely Surrendered Baby Law by the general population will encourage more desperate parents to safely surrender their babies instead of abandoning them in unsafe places.

An analysis of the data indicates that a limited number of babies have been safely surrendered in hospital emergency rooms. In subsequent years, public information about the law will be more prevalent and the CDSS data collection process will continue to improve. Thus, we expect to be able to more accurately address the impact of the law with each passing year.

BACKGROUND

In an attempt to prevent deaths of unwanted newborn infants, California enacted Senate Bill 1368, authored by Senator Brulte. Known as the Safely Surrendered Baby Law (originally called the Safe Arms for Newborns Program), the bill became effective January 1, 2001, and provides distressed parents with a means of safely, confidentially and legally surrendering an infant. It was enacted to provide an alternative to a parent who might otherwise abandon a baby under life-threatening conditions for the newborn. The law will be repealed on January 1, 2006, unless subsequent legislation extends or repeals this date.

The impetus behind the enactment of this law was the number of abandoned babies found dead in California. Local newspapers routinely reported accounts of babies, usually deceased, abandoned in trash bins, restrooms, and parking lots. Nationally, the United States Department of Health and Human Services reported that 105 newborns (33 deceased and 72 alive) were found abandoned in public places in 1998, the most recent year that statistics were gathered.

Ms. Debi Faris, a California resident, was determined to give newborns who were abandoned and found deceased a final resting place. In 1996, she began burying abandoned babies in a small cemetery plot near her home. As the number of abandoned babies and burials increased, she contacted her legislative representative, Senator Brulte, who subsequently introduced SB 1368 as an alternative to mothers abandoning their babies.

Interest in establishing a procedure for leaving healthy unwanted infants first began in November 1998, when the District Attorney's Office in Mobile, Alabama, initiated a policy that its community would not prosecute the voluntary abandonment of a healthy baby. Texas followed, becoming the first state to pass a law allowing parents to safely leave their babies without fear of being prosecuted for child abandonment. Today 40 states have passed laws with similar provisions that provide a responsible alternative to abandonment.

On January 12, 2001, the CDSS issued All County Letter No. 02-01, providing counties with direction for handling Safely Surrendered Baby Law cases, as well as the data collection process to be utilized by county child welfare services. Additionally, the CDSS reissued All County Letter No. 14-01 (October 30, 2001) that explained the process for recording child fatalities related to child abuse and neglect on the Child Welfare Services/Case Management System (CWS/CMS). This was necessary in order for the CDSS to be able to collect data on the number of abandoned babies found deceased.

The California Department of Health Services issued Letter No.01-58 on October 30, 2001, detailing the Medi-Cal eligibility determination process for children surrendered under the Safely Surrendered Baby Law, as well the process for claiming reimbursement for providing health screening to safely

surrendered babies. The letter also addressed a hospital's responsibility to provide care for these newborns until the child is placed with a responsible relative/caregiver or is in the foster care system with continued eligibility established under normal Medi-Cal program criteria. Copies of the medical questionnaire, which are offered by the hospitals, both in Spanish and English, to the surrendering parent, were enclosed with the letter.

Overview of the Law

The Safely Surrendered Baby Law provides a parent or other person having lawful custody of a newborn 72 hours old or younger with immunity from criminal prosecution for abandonment if that person delivers the baby to a designated employee at a hospital emergency room or other location designated by a county board of supervisors. The designated hospital employee is required to place a coded, confidential ankle bracelet on the infant and provide, or make a good faith effort to provide, the person surrendering the baby with a copy of the bracelet and a medical information questionnaire. The medical information questionnaire may be declined, voluntarily completed at the time the infant is surrendered, or completed at a later date and returned by mail in an envelope provided for this purpose. The hospital taking physical custody of the baby must conduct a medical screening exam of the baby and provide any needed medical care.

The designated hospital staff accepting the baby, is required to notify county Child Welfare Services (CWS) as soon as possible, but no later than 48 hours after taking custody of an abandoned infant. The county CWS agency is to take temporary custody of the child immediately upon receiving notification that a baby has been surrendered. Additionally, the county CWS agency must immediately investigate the details of the case and file a petition for dependency with the juvenile court. The county CWS agency must also immediately notify the CDSS of each safely surrendered baby taken into custody.

Although the juvenile court dependency process begins at the time the CWS agency takes temporary custody of the infant, the Safely Surrendered Baby Law allows for a 14 day "cooling off" period. During this time, the person who surrendered the infant may seek to reclaim the baby. If the baby is not reclaimed, the dependency process continues. The baby becomes a dependent of the court and enters the foster care system, with adoption as the ultimate goal.

Public Awareness Campaign

SB 1368 contained no funding for a public awareness effort. With the exception of a press release announcing the new law in January 2001, no formal outreach campaign was conducted by the State. Governor Davis directed the CDSS to take the lead in publicizing the law and to work with other Health and Human Services Agency (HHSA) departments to either identify existing funds in current public outreach campaigns or funds from other sources.

In response to the Governor's request, the CDSS formed a statewide interagency public awareness workgroup. In addition to CDSS staff, the workgroup includes representatives from the Department of Health Services, the Department of Alcohol and Drug Programs, the Department of Mental Health, the Attorney General's Office and, the California Commission for Families and Children (First Five California). The task force immediately began to identify, develop and implement a public awareness campaign strategy that included finding existing funds to publicize the Safely Surrendered Baby Law.

Selection of the Campaign

In April 2002, CDSS identified \$500,000 in existing funds in the Office of Child Abuse Prevention and secured an additional \$1 million from the First Five Commission. Once the funding was secured, CDSS conducted a survey of other states to determine if there was an existing public awareness campaign appropriate for California. Our research indicated that the New Jersey "*No Shame, No Blame, No Names*" campaign was the type of comprehensive, direct, nonjudgmental approach for California. This campaign has been very effective in reducing the number of abandoned babies in that state during the past three years.

The campaign has two thrusts—a "push" and a "pull." The "push" is designed to get educational information in the hands of the support systems that might come in contact with at-risk parents. The "pull" is in the advertising campaign designed to directly reach the parent(s) with critical information about the law. The CDSS contracted with the New Jersey vendor, Dana Communications, to adapt all the collateral materials developed for the New Jersey campaign to California.

The materials include a brochure, a pocket card aimed specifically at the target audience (women ages 14-38), a poster, a billboard, transit and ad mechanicals (designs) for college newspapers, a CD ROM & power point presentation for training professionals such as hospital personnel, law enforcement staff, and social workers, as well as a teacher curriculum kit aimed at health educators.

Statewide Public Awareness Campaign Media Launch

The Safely Surrendered Baby Public Awareness Campaign was launched on October 2, 2002, with simultaneous press conferences in Los Angeles and Sacramento. Rita Saenz, CDSS' Director, and other officials spoke at the Los Angeles event while HHSA Secretary Grantland Johnson spoke in Sacramento. The launch received coverage in a combined total of 31 media outlets (radio and television) that reached approximately 3 million people statewide. The launch introduced the Safely Surrendered Baby print materials to the public along with the plans for multimedia public awareness campaigns to follow (the radio campaign, for example, is already well underway in Los Angeles and San Francisco—please see the Radio Public Service Announcement section below for further information).

Purpose of the Public Awareness Campaign

As with all social marketing campaigns, the CDSS' primary objective in conducting the Safely Surrendered Baby Public Awareness Campaign was to publicize the law and to provide specific information about how the law works. One of the reasons babies continue to be abandoned, despite enactment of the Safely Surrendered Baby Law, relates partially to the absence of a statewide public awareness campaign informing people about the law. The primary purposes for conducting a public awareness campaign include:

- ◆ Preventing the abandonment of infants in California by providing a safe and compassionate alternative to desperate parents who may feel they have no alternative.
- ◆ Increasing the level of awareness among Californians about the new law.
- ◆ Reinforcing the positive message that desperate parents and persons having lawful custody can safely surrender a baby at a hospital emergency room or other location designated by the county board of supervisors.

Los Angeles County Task Force

Given the high incidence of abandoned babies in Los Angeles County, the Los Angeles County Board of Supervisors created a Safe Haven Task Force to make recommendations to the Board of Supervisors regarding the implementation of the Safely Surrendered Baby Law. The Safe Haven Task Force produced a report that recommended, as permitted by the Safely Surrendered Baby Law, designating fire stations as safe haven sites in addition to hospital emergency rooms.

Statewide Safe Haven Logo

The Los Angeles County Safe Haven Task Force developed a Safe Haven logo to demarcate appropriate safe haven locations. The logo will be displayed at all hospital emergency rooms in Los Angeles County, as well as in all county fire stations and participating municipal fire stations. The CDSS requested to utilize the logo, which is white on a blue background, much like the universal disabled symbol, on all State Safely Surrendered Baby materials. The CDSS hopes that the logo will, like the disabled symbol, become a universally recognized icon denoting a safe haven site. The CDSS is attempting to procure funding to produce and distribute a copy of the logo to every designated site in the State.

Distribution

The quantity of materials printed for statewide distributions include:

- 800,000 Safely Surrendered Baby brochures (600,000 English and 200,000 Spanish); 766,600 wallet cards (600,000 English and 166,600 Spanish) and 165,000 posters (150,000 English and 15,000 Spanish).
- As of October 2002, a total of 356,507 Safely Surrendered Baby materials have been distributed statewide to a variety of local public and private agencies that serve children and families. Those agencies include:
 - ♦ Local health departments, hospitals and other health care organizations;
 - ♦ The California Health Care Association's member hospitals (which includes approximately 500 hospitals throughout the State);
 - ♦ County child welfare departments and local welfare offices located in all 58 counties;
 - ♦ The California Commission on the Status of Women;
 - ♦ Community services clubs, such as the California Federated Women's Clubs;
 - ♦ Community-based service organizations, such as Family Resource Centers, alcohol and other substance abuse program service providers and employment and training service providers;
 - ♦ Local and State law enforcement agencies (e.g., District Attorneys, police departments, sheriff's departments, and probation offices); and
 - ♦ Child Abuse Prevention Councils.

Radio Public Service Announcement

The first phase of the "*No Shame, No Blame, No Names*" campaign included the development of a Spanish and English radio public service announcement. Through a competitive bid process, CDSS used a portion of the \$500,000 from the Office of Child Abuse Prevention to secure a media buying firm called tmd group, inc. to purchase air time in two major media markets, San Francisco and Los Angeles. The initial media buys reached over one million people in the target audience of women ages 14 – 38 years old. The tmd group, inc. estimates that up to an additional one million people may gain exposure to the public awareness campaign message through a link on radio station websites that direct internet users to the CDSS' safely surrendered baby website.

On October 2, 2002, the same day as the press conferences announcing the launch of the Safely Surrendered Baby campaign, radio Public Service Announcements (PSAs) began to air in the Los Angeles area and the San Francisco Bay Area on top radio stations targeting the key demographic market. Radio stations in those areas aired the "*No Shame, No Blame, No Names*" message during October, November, and December of 2002. As the Federal Communications Commission no longer requires radio stations to provide PSA air time, the stations in top markets like Los Angeles and San Francisco do not give bonus spots with paid schedules unless they run overnight. In light of this information, the tmd group, inc. has reinvested its commission back into the program to purchase "bonus" spots in December 2002 and January 2003.

The tmd group, inc. has also secured commitments from the radio stations to carry the safely surrendered baby message to the streets through special events and radio van appearances throughout the Los Angeles and San Francisco Bay areas. Each radio partner will also feature the Safe Haven site logo on its website, which links the reader to a fact sheet hosted by CDSS that explains how and where to safely surrender a baby. The results of the first 30 days of the radio campaign are as follows:

- ◆ Los Angeles
 - 495,200 women 18-34 (or 23.3 percent of all women in the Los Angeles market) heard the radio message five times during the month of October, 2002.
 - 249,200 teens 12-17 (or 38.4 percent of all teens in the Los Angeles market) heard the radio message 4.7 times during the month of October, 2002.
 - An additional 38,950 people received "No Shame, No Blame, No Names" brochures at radio station promotions during the month of October, 2002.

◆ San Francisco Bay Area

- 106,100 women 18-34 (or 10.8 percent of all women 18-34 in the San Francisco market) heard the radio message 6.2 times during the month of October, 2002.
- 73,900 teens (or 25.3 percent of all teens in the San Francisco market) heard the radio message 6.5 times during the month of October, 2002.
- An additional 19,750 people received "No Shame, No Blame, No Names" brochures at radio station promotions during the month of October, 2002.

Website

Camera ready versions of all the safely surrendered baby materials are available on the CDSS website. The website is easily accessed from the CDSS homepage by clicking on the Safe Haven logo. The safely surrendered baby webpage also includes a "Fast Facts" sheet that contains information for members of the target audience. The website is connected to radio station websites in Los Angeles and San Francisco, as well as to the California Connected website (a public television public affairs program that ran a story about the Safely Surrendered Baby Law and Public Awareness Campaign in early 2002).

As the Safely Surrendered Baby Campaign continues to unfold, the CDSS intends to further develop the safely surrendered baby website and link as many partners to it as possible.

Phase Two of the Campaign

The CDSS will disseminate a Request for Proposal (RFP) to obtain professional services for an ongoing statewide multimedia and public relations campaign. The purpose of this campaign will be to continue to inform and educate all Californians about the new law and prevent further abandoned babies and related deaths. The RFP will procure services to be provided under Phase II of the campaign. Phase II, slated to begin in early 2003, includes multimedia advertising, a community outreach and partnership, as well as sponsorship development.

Findings

Pursuant to the requirements in SB 1368, the following data has been collected, for the period January 2001 to October 21, 2002:

1. The number of children one year old or younger who are found abandoned, dead or alive, in the State for each year in which reporting is required:
 - There were 52 children one year old or younger found abandoned.
2. The number of infants by age surrendered under this law:
 - There were 11 infants surrendered under the Safely Surrendered Baby Law (see the following chart for information on ages of infants at time of surrender).
3. The number of medical information questionnaires that are completed:
 - Three medical questionnaires are known to have been completed. Two mothers refused to complete a questionnaire. In six of the cases, the CWS worker made no mention in her CWS report whether or not a medical questionnaire was offered or completed.
4. The number of instances where the parent or other person having lawful custody seeks to reclaim custody of the child, both during and after the 14-day time period, and the outcome of these requests:
 - There were no instances where the parent or other person having lawful custody attempted to reclaim the child.
5. Whether a person seeking to reclaim custody of a child is the same person who surrendered the child:
 - As noted above, there were no instances where the parent or other person having lawful custody attempted to reclaim the child.
6. The number of children surrendered under this law who show signs of neglect or abuse and the disposition of those cases:
 - There were eight newborns surrendered under the Safely Surrendered Baby Law showed no signs of abuse or neglect. However, three newborns tested positive for drugs. Each of them was put in a foster care home with adoption as the expected outcome.
7. The number of parents or legal guardians who were eventually located and contacted by social workers:
 - There were four instances where contact with a parent or legal guardian was made by a CWS worker.

Safely Surrendered Babies

Race/ Sex	Date of Surrender	Age at Surrender	Abuse/ Neglect?	Mother's Age
Caucasian Male	1/8/01	Day of birth	No	24
Caucasian Male	3/30/01	1 day old	No	Unknown
Hispanic Male	1/7/02	1 day old	Positive drugs	20
Hispanic Male	2/28/02	2 days old	No	Unknown
Hispanic Female	3/21/02	Day of birth	No	31
Caucasian Male	7/25/02	Day of birth	No	Unknown
African- American Female	7/31/02	Day of birth	No	Unknown
Hispanic Male	8/7/02	1 day old	Positive drugs	Unknown
Hispanic Female	8/22/02	Day of birth	No	42
Unknown Male	10/3/02	1 day old	Positive drugs	Unknown
Hispanic-Asian Male	10/6/02	2 days old	No	30

Information for this report was developed from data collected from the CDSS Child Welfare Services/Case Management System (CWS/CMS). This is the statewide automated case management system that CWS social workers use to document their case management activities. Data that was not available on CWS/CMS was supplemented by information gathered from follow-up discussions with counties.

Data for future reports, however, will be drawn from CWS/CMS data fields newly designed specifically to capture the information legislatively mandated. This design change was released in December 2002. It will allow straightforward data query tabulations, as opposed to relying on the reading and interpretation of the text fields under the previous design, and is not expected to require supplementary data collection.

Safely Surrendered Baby Law Workgroup

The CDSS convened a Safely Surrendered Baby Law Workgroup to review the new statute and its legislative intent, and to develop recommendations for policy and statutory changes that will help further implement the law. Discussion has focused on the need to examine any implementation issues and to develop “next steps” for resolving any inconsistencies and conflicts that may be found to exist between the intent of the Safely Surrendered Baby Law and existing child welfare statutory provisions.

The Safely Surrendered Baby Law Workgroup is comprised of approximately 25 representatives from various California government agencies, including the Department of Health Services, the Department of Justice, the Los Angeles Children's Planning Council, and various county welfare departments.

Meetings were held May 29, 2002 and July 16, 2002. Additional meetings will be held to discuss the data collected and to identify any statutes and State regulations that may have an unintended impact on the implementation of the Safely Surrendered Baby Law. The Safely Surrendered Baby Law Workgroup will also determine if changes should be made to State statutes or regulations as a result of these meetings.

Appendix

CDSS All County Letter No. 02-01 (Safely Surrendered Baby Law)

CDSS All County Information Notice – reissue of All County Letter 14-01
(Reporting of Safely Surrendered Baby Cases and Child Deaths)

Department of Health Services Letter No. 01-58

CDSS All County Information Notice 1-66-02 (Reporting Requirements: Safely
Surrendered Baby Law and Child Fatalities)

CDSS All County Information Notice 1-68-02 (Public Awareness Campaign)

Website: www.dss.cahwnet.gov/pdf/SSBCampaign.pdf

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



January 12, 2001

ALL-COUNTY LETTER NO. 02-01

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHILD WELFARE SERVICES
PROGRAM MANAGERS
CHIEF PROBATION OFFICERS
ALL COUNTY MEDICAL DIRECTORS

REASON FOR THIS TRANSMITTAL

- ☒ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

SUBJECT: Safe Arms for Newborns Law

REFERENCE: Senate Bill 1368 (Chapter 824, Statutes of 2000)
Penal Code Section 271.5
Welfare and Institutions Code Sections 300, 309, 361.5 and 14005.24
Health and Safety Code Section 1255.7

On January 1, 2001, California became one of a dozen states to enact a new law that is intended to provide for the health and safety of unwanted newborn children. The "Safe Arms for Newborns" law (Senate Bill 1368, Chapter 824, Statutes of 2000), authored by Senator Brulte, states that "no parent or other person who has lawful custody of a minor child 72 hours old or younger may be prosecuted for child abandonment if he or she voluntarily surrenders physical custody of the child to a designated employee at a public or private hospital emergency room or other location designated by the county board of supervisors".

This law will be repealed on January 1, 2006, unless subsequent legislation extends or repeals that date.

Public or Private Hospital Responsibility

All public or private hospitals with emergency rooms, or other locations designated by the board of supervisors, must designate staff to comply with the Safe Arms for Newborns requirements.

Upon accepting a child who has been voluntarily surrendered, the person is required to place a coded, confidential ankle bracelet on the child and furnish, or make a good faith effort to furnish, the person surrendering the child with a copy of the bracelet and a medical information questionnaire. The only identifying information required to be on the medical information questionnaire is the identification code that appears on the child's ankle bracelet. The medical information questionnaire may be declined, voluntarily completed at the time the child is

surrendered, or completed at a later time and returned by mail in an envelope provided for this purpose. The person taking physical custody of the child must conduct a medical screening exam of the child and provide any necessary medical care that the child may need. Prior consent from the parent is not required in order to provide medical care to the child.

Health and Safety Code Section 1255.7 now states that no person or entity accepting a surrendered child will be subject to liability for accepting the child and taking actions believed to be required or authorized by the legislation. This provision includes criminal, civil or administrative liability. However, the law does not grant immunity from liability for personal injury or wrongful death.

Child Welfare Service Agency Responsibility

No later than 48 hours after taking custody of an abandoned child, the person accepting the child is required to notify the county agency responsible for giving child welfare services under Welfare and Institutions Code Section 16501. The county child welfare services agency is to take temporary custody of the child under Section 300 of the Welfare and Institutions Code immediately upon receiving notification that a child has been surrendered. Additionally, the county child welfare agency must immediately investigate the details of the case and file a petition according to Section 311 of the Welfare and Institutions Code with the juvenile court. The county child welfare agency must also immediately notify the California Department of Social Services of each child taken into temporary custody. Counties should follow the enclosed Data Reporting Process to satisfy the notification requirement.

This law allows for a 14-day "cooling off" period. During this time the person who surrendered the child can return to reclaim the child. The 14-day period begins on the day the child is voluntarily surrendered. Scenarios for return of the child during the 14-day period are as follows:

- If the person who voluntarily surrendered the child returns, and requests that the hospital return the child and a petition has not been filed, the hospital may, if it still has custody of the child, either return the child to the person or contact the county child welfare services agency. The hospital would contact the county child welfare agency if a health practitioner believes that the child has been the victim of abuse or neglect. It is important to note that voluntarily surrendering a child, in and of itself, is not a basis for reporting child abuse or neglect.
- If the person who voluntarily surrendered the child returns and requests that the hospital return the child and a petition has been filed, the child welfare agency is required to verify the person's identity, conduct an assessment of the person's circumstances and ability to parent, request that the juvenile court dismiss the petition for dependency and order the release of the child unless there is reasonable cause to believe that to do so would place the child at risk of abuse or neglect.

Legislative Reports and Data Collection Requirements

The California Department of Social Services is required to submit three reports to the Legislature on the effect of Senate Bill 1368. The reports are due on or before January 1, 2003, January 1, 2004, and January 1, 2005.

The information contained in the reports must include, but is not limited to, the following:

1. The number of children one year old or younger who are found abandoned, dead, or alive, in the State for each year in which reporting is required.
2. The number of infants by age surrendered under this law.
3. The number of medical information questionnaires that are completed.
4. The number of instances where the surrendering person seeks to reclaim custody of the child, both during and after the 14-day time period, and the outcome of these requests.
5. Whether a person seeking to reclaim custody of a child is the same person who surrendered the child.
6. The number of children surrendered under this law who show signs of neglect or abuse and the disposition of those cases.
7. The number of parents or legal guardians who were eventually located and contacted by social workers.

Attachment A contains instructions for counties on data collection using the Child Welfare Services/Case Management System.

Medical Eligibility

The California Department of Health Services will be issuing additional instructions in a separate All-County Letter. The letter will cover the process for determining the voluntarily surrendered child's eligibility for health benefits. The eligibility is to begin on the date the physical custody of the child is surrendered.

Division 31 Regulations

The California Department of Social Services will be issuing emergency regulations to clarify requirements for handling cases of abandoned newborn children. Until such time, counties are to comply with the requirements as stated in the law and this letter.

If you have any questions regarding the data reporting process, please contact the Case Management System Support Branch staff at (916) 323-9739. Questions regarding the Safe Arms for Newborns Law should be directed to the Children's Services Operations staff at (916) 445-2832.

Original Document Signed By

SYLVIA PIZZINI, Deputy Director
Children and Family
Services Division

Enclosures

c: County Welfare Directors Association

January 2001

Attachment A

California Department of Social Services
Safe Arms for Newborns Data Collection Process

A Safe Arms for Newborns Special Project feature has been added to the Child Welfare Services/Case Management System. Counties should use the following process for recording the information on children abandoned under this law.

Step 1: In the Referral or Case Notebook of the Child Welfare Services/Case Management System, go to the, "Special Projects" page. Select the Special Projects page tab and then the (+) button in the grid to enter a new Special Project for the focus child. Click the down arrow to display the available list of Special Projects. Select "Safe Arms for Newborns." Enter the date of referral opening or case start date (when referral goes to case you will need to re-enter the special project) into the "start date." Do not enter an "end date", as the system will populate this field when appropriate.

Step 2: The child's identification bracelet number should be entered into the client notebook under ID number page, under the medical record type.

A Child Welfare Services/Case Management System Bulletin will be posted to alert all users of the instructions for identifying Infant Abandonment. If any additional interim procedures are required pursuant to these statutory requirements, counties will be notified.

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



February 8, 2001

ALL-COUNTY LETTER NO. 14-01

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHILD WELFARE SERVICES
PROGRAM MANAGERS
CHIEF PROBATION OFFICERS

REASON FOR THIS TRANSMITTAL

- ☒ State Law Change
☐ Federal Law or Regulation
Change
☐ Court Order
☐ Clarification Requested by
One or More Counties
☐ Initiated by CDSS

SUBJECT: Process for Recording Child Fatalities Related to Child Abuse and Neglect
on the Child Welfare Services/Case Management System

REFERENCE: Senate Bill 525 (Chapter 1012, Statutes of 1999)
Penal Code Section 11166.9

Senate Bill 525 (Chapter 1012, Statutes of 1999) requires law enforcement and child welfare agencies to cross-report all cases of child death suspected to be related to child abuse or neglect. The purpose of this law is to coordinate and integrate state and local efforts to address fatal child abuse and neglect, and to create a body of information to prevent child deaths.

This law requires all county child welfare agencies to create a record in the Child Welfare Services/Case Management System for all cases of child death suspected to be related to child abuse or neglect, regardless of whether the deceased child has any known or surviving siblings. If subsequently notified that the death was determined not to be related to child abuse or neglect the child welfare agency shall update the Child Welfare Services/Case Management System. Additionally, county probation departments should refer all cases meeting the criteria to local child welfare agencies for input onto the Child Welfare Services/Case Management System.

Attachment A is the process for recording child deaths on the Child Welfare Services/Case Management System.

Attached is a copy of Senate Bill 525 (Attachment B). If you have any questions regarding this procedure, please contact your Case Management System Support Branch staff at (916) 323-9739. Questions regarding program policy should be directed to Children's Services Operations unit staff at (916) 445-2832.

Original Document Signed By

SYLVIA PIZZINI
Deputy Director
Children and Family Services Division

Attachments

c: County Welfare Directors Association

January 2001

Attachment A

California Department of Social Services
Process for Recording Child Fatalities Related to Child Abuse and Neglect on Child Welfare
Services/Case Management System

Instructions for recording child fatalities:

- 1) Create a new referral.
- 2) Record appropriate information in the Referral "NB," "ID," "Reporter" and "Assignment" pages.
- 3) Perform search(es) on the clients. Attach any matching search results to the new referral, and perform the "relate clients" function.
- 4) If there are no matching search results, create the clients in the "Client Management" section and perform the "relate clients" function.
- 5) In the "Referral Management" section, create the new allegations.

In the "Deceased" grid, record the date and death circumstances type.

From the "Deceased" grid you have a box entitled Death Circumstance Type in which you can select:

Accidental
Confirmed Abuse
Natural Causes
Suicide
Suspected Abuse
Undetermined
Homicide

For cases confirmed to be due to parental abuse or neglect, select "Confirmed Abuse" in the "Death Circumstances Type" field. For cases confirmed to be not due to parental abuse or neglect, select the appropriate reason in the "Death Circumstances Type" field ("Accidental," "Natural Causes," "Suicide," "Undetermined" or "Homicide" if not by parents)

If medical evidence or confirmation is pending, select "Suspected Abuse" or "Undetermined" as appropriate.

- 6) After the "Death Circumstances Type" field has been filled out, perform the "Determine Response" function:
 - From the "Menu" bar, select "Action," "Determine Response."
 - Under "Decision Type," select "Evaluate Out,"
 - Under "Agency Referred To," select "Other,"
 - In the "Rational Description" field, enter the appropriate information,
 - Select "Approval," "Pending approval," "OK."
- 7) Select "Yes." This will generate the Emergency Response document.

8) Save.

9) Submit to supervisor for review.

When confirmation of death reason is received, the death information on the Client Notebook may be updated in the closed referral by following the steps below:

1. *From the "Client Services" section, search for the client.*
2. *From "Search Results", double click on "Client" to open the "Client Abstract."*
3. *From the "Associated Menu," highlight "Open Associated Referrals" and select "Enter."*
4. *From the "Open Associated Referrals" combo, highlight the appropriate referral and select "OK."*
5. *Open the referral and go to the "Client Management" section.*
6. *Highlight the client to be updated and select "OK."*
7. *Go to the "Demographics" page.*
- 8) *In the "Deceased" section, update the appropriate "Date" and "Death Circumstances Type" fields.*

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 657-2941



October 30, 2001

TO: All County Welfare Directors
All County Administrative Officers
All County Medi-Cal Program Specialists/Liaisons
All County Health Executives
All County Mental Health Directors

Letter No.: 01-58

**MEDI-CAL COVERAGE FOR CHILDREN UNDER THE SAFE ARMS FOR
NEWBORNS LAW**

Ref: Senate Bill 1368 (Chapter 824, Statutes of 2000); Department of Social Services
All-County Letter No. 02-01

On January 1, 2001, California became one of a dozen states to enact a new law intended to provide for the health and safety of unwanted newborn children. The "Safe Arms for Newborns" Law (Senate Bill 1368, Chapter 824, Statutes of 2000), authored by Senator Brulte, states that any child surrendered under the Safe Arms for Newborns Law pursuant to Section 1255.7 of Health and Safety Code, shall be determined to be eligible for Medi-Cal under Section 14005.24 of the Welfare and Institutions Code. This law is specific to children under 72-hours old who are voluntarily surrendered to any employee on duty at a public or private hospital emergency room or any other additional location designated by the county board of supervisors. Medi-Cal eligibility will begin on the date physical custody is surrendered and ends on the last date of the month following the month in which the child was voluntarily surrendered.

This law will be repealed on January 1, 2006, unless subsequent legislation extends or repeals that date.

Purpose of this Program

The purpose of this program is to ensure that health facilities that accept these surrendered newborns will be reimbursed for providing a health screening assessment and providing care for these newborns until the child is returned to a responsible relative/caretaker or is established in the foster care system.

Upon accepting a child who is voluntarily surrendered, the bill requires that the person(s) taking physical custody provide a medical screening examination and any necessary medical care to the child, and to provide the person surrendering custody, a specified medical information questionnaire and self-addressed postage paid return

envelope. (See enclosed). The person accepting the surrendered child shall make a good faith effort to provide the person surrendering the child a medical questionnaire. The questionnaire may be declined, voluntarily completed and returned at the time the child is surrendered, or later filled out and mailed in an envelope the facility provides for this purpose. The medical information questionnaire shall not require any identifying information other than the identification code provided on the ankle bracelet placed on the child. The identification code shall be entered on the line provided on the top right corner of the questionnaire prior to handing it to the surrendering person. The purpose of the questionnaire is to assist solely in providing the best health care for the child now and in the future.

A camera-ready copy of the Department of Health Services (Department) developed medical information questionnaire, "Safe Arms Newborns" (MC 356), is enclosed for your use. This form will not be made available in the warehouse at this time, as anticipated use is not expected to be significant. The Department encourages all Health Facilities to use the form provided, as it was developed in partnership with the Department of Social Services Adoptions and Foster Care Divisions and meets the needs of both programs, as well as the mandates of SB 1368.

County Medi-Cal Office Responsibility

The receiving health facility will contact the local Medi-Cal office or the on-site Medi-Cal eligibility person, no later than the next business day, to request and initiate a Medi-Cal application.

The county Medi-Cal office is responsible for completing the application and certifying Medi-Cal eligibility for these children on an immediate need basis. Once eligibility is established, the county shall provide the health facility with the information necessary to obtain reimbursement for care provided. Medi-Cal eligibility shall begin on the date the child is surrendered and will end on the last day of the month following the month of surrender. Eligibility may extend into the third-month, based on the surrender date of the child. If the child is surrendered on the last day of any given month, there may be a need for the third month of coverage. Under no circumstances will coverage under this category extend past the end of the third month. It is expected that by this time the child will have been integrated into the foster care system or will have returned to a responsible relative who will assume responsibility for the child's health care needs.

Application Process

Upon notification by a health facility that a child has been abandoned under the "Safe Arms for Newborn Program," the county eligibility staff will complete a "Request for Public Assistance," (SAWS 1) and "Application and Statement of Facts for Child Not Living with a Parent or Relative and for Whom a Public Agency Is Assuming Some Financial Responsibility," (MC 250 December 1998) for the newborn. Please be aware that information will be very limited: The surrendering person is guaranteed confidentiality under the law, and parent names may not be requested and are not necessary. Although the questionnaire does request some information, the questionnaire may be declined and the facility will have no factual information on the newborn.

Actual names and birth dates will likely be unavailable and the health facility identification information and estimated birth date will be used in establishing the Medi-Cal eligibility record. Health facilities may use names for identification purposes such as "Baby Doe 43" or "Abandoned Baby 3"; these are acceptable and usable on MEDS. The eligibility for these children is guaranteed and shall be done as a confidential record and will be used only for the period of eligibility under the "Safe Arms for Newborn Law." At the time that the child either enters the foster care system or is placed with a responsible relative or caretaker, continuing eligibility for Medi-Cal, if necessary, will be established under normal program criteria.

For purposes of this program, it is assumed that the newborn is a United States citizen and a Statement of Immigration Status (MC 13) will not be required. Additionally, as the child's parents are not identified and the information cannot be requested, the Support Questionnaire (CA 2.1) and Referral to the DA (CA 371) will not be required.

The case file will be established to provide a paper trail and should contain the following:

- SAWS1
- MC 250
- Abandoned Baby Health Questionnaire (if provided).

Aid Code

The Department is in the process of establishing a special aid code for these cases. When the aid code becomes operational, eligibility for this program will be posted to MEDS under Abandoned Baby Aid Code "2A." Until MEDS is ready to accept this aid code, these children should be aided as medically needy using Aid Code "34" and flagged for conversion to Aid Code "2A" when it becomes operational.

All County Welfare Directors Letter No. : 01-58
Page 4

The counties are requested to manually track the number of cases certified under "Safe Arms for Newborns" until MEDS is operational. This will enable the Department to meet the legislative reporting requirements of the law. It is anticipated that Aid Code "2A" will be operational no later than January 1, 2002. Counties will be notified via normal MEDS cycle change letters as to the operational date of the aid code.

If you have any questions, please contact Ms. Kim McCord, of my staff, at (916) 657-3723, or E-mail kmccord@dhs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Shar Shroepfer, Chief
Medi-Cal Eligibility Branch

Enclosure

ID number: _____

"SAFE ARMS FOR NEWBORNS" Medical Questionnaire

NOTICE: THE BABY YOU HAVE BROUGHT IN TODAY MAY HAVE SERIOUS MEDICAL NEEDS IN THE FUTURE THAT WE DON'T KNOW ABOUT TODAY. SOME ILLNESSES, INCLUDING CANCER, ARE BEST TREATED WHEN WE KNOW ABOUT FAMILY MEDICAL HISTORIES. IN ADDITION, SOMETIMES RELATIVES ARE NEEDED FOR LIFE-SAVING TREATMENTS. TO MAKE SURE THIS BABY WILL HAVE A HEALTHY FUTURE, YOUR ASSISTANCE IN COMPLETING THIS QUESTIONNAIRE FULLY IS ESSENTIAL.

ALL INFORMATION WILL BE CONFIDENTIAL AND WILL BE USED ONLY TO HELP CARE FOR THE BABY.

THANK YOU

1. Has the baby been named? ☐ Yes ☐ No
If yes, what is the baby's name? _____
2. What was the date, time, and place of the baby's birth?
Date: _____ Time: _____ Place: _____
3. How much did the baby weigh at birth? _____
4. Has the baby been breast-fed? ☐ Yes ☐ No
If yes, how long? _____ When was the baby last fed? _____
5. Has the baby been fed baby formula? ☐ Yes ☐ No
If yes, what is the name of the formula? _____
6. How long was the labor with this baby? _____
7. Did the birth mother see a doctor during this pregnancy? ☐ Yes ☐ No
If yes, when did she first see the doctor? _____
How many times during the pregnancy was the birth mother seen by a doctor? _____
8. Did a pediatrician examine the baby at birth? ☐ Yes ☐ No
9. Has a doctor seen the baby since its birth? ☐ Yes ☐ No
If yes, when? _____
10. Did the birth mother smoke cigarettes during this pregnancy? ☐ Yes ☐ No
If yes, how often? _____
11. Did the birth mother drink alcohol during this pregnancy? ☐ Yes ☐ No
If yes, how often? _____
12. Did the birth mother take any over-the-counter or prescription medication during this pregnancy? ☐ Yes ☐ No
If yes, what medications? _____ How often? _____
13. Did the birth mother use any illegal or "street" drugs during this pregnancy? ☐ Yes ☐ No
If yes, what? _____ How often? _____
14. Has the birth mother been pregnant before? ☐ Yes ☐ No
If yes, how many times? _____
Were there complications with any of the pregnancies or births? ☐ Yes ☐ No
Please explain: _____
15. What race/ethnicity are the baby's parents? Mother: _____ Father: _____
Does the baby have Native American ancestry? ☐ Yes ☐ No
If yes, what is the name of the tribe? _____

ID number: _____

Please tell us if the birth mother, birth father, or any of their relatives had or now have any of the medical conditions listed below.

TYPE OF ILLNESS	RELATIONSHIP TO THE CHILD (Mother, Father, Grandparent, Aunt, Uncle)	AGE ILLNESS BEGAN
<input type="checkbox"/> HIV or AIDS		
<input type="checkbox"/> Sexually transmitted disease What kind? _____		
<input type="checkbox"/> Cancer What kind? _____		
<input type="checkbox"/> Epilepsy		
<input type="checkbox"/> Mental illness What kind? _____		
<input type="checkbox"/> High blood pressure		
<input type="checkbox"/> Heart disease		
<input type="checkbox"/> Diabetes		
<input type="checkbox"/> Cystic fibrosis		
<input type="checkbox"/> Kidney problems What kind: _____		
<input type="checkbox"/> Hearing, vision, or speech problems What kind? _____		
<input type="checkbox"/> Asthma		
<input type="checkbox"/> Tuberculosis		
<input type="checkbox"/> Sickle cell disease		
<input type="checkbox"/> Learning delays/special education What kind? _____		
<input type="checkbox"/> Allergies What kind? _____		
<input type="checkbox"/> Other What? _____		

Please provide any additional information that might help us provide the baby with the best health care now or in the future.
(You may use an additional page.)

Número de identificación: _____

“BRAZOS QUE PROTEGEN A LOS RECIÉN NACIDOS”

Cuestionario para Medi-Cal

NOTIFICACIÓN: EL BEBÉ QUE HA TRAI DO HOY CON USTED PUEDA QUE TENGA SERIOS PROBLEMAS MÉDICOS EN EL FUTURO CUALES NO PODEMOS IDENTIFICAR HOY. ALGUNAS ENFERMEDADES, INCLUYENDO EL CANCER, PUEDEN SER TRATADAS MEJOR CUANDO CONOCEMOS MÁS ACERCA DE SU HISTORIA MÉDICA FAMILIAR. ADICIONALMENTE, ALGUNAS VECES SE NECESITAN LOS PARIENTES PARA TRATAMIENTOS QUE SALVAN LA VIDA. PARA ASEGURAR QUE ESTE BEBÉ TENGA UN FUTURO SALUDABLE, SU ASISTENCIA PARA LLENAR POR COMPLETO ESTE CUESTIONARIO ES INDESPENSABLE.

TODA INFORMACIÓN SERÁ CONFIDENCIAL Y SERÁ USADA SÓLO PARA AYUDAR AL BEBÉ.

GRACIAS

1. ¿Se ha nombrado el bebé? ☐ Sí ☐ No
¿Si ya tiene nombre, cómo se llama? _____
2. ¿Cuál fué la fecha, la hora y el lugar del nacimiento del bebé?
Fecha: _____ Hora: _____ Lugar: _____
3. ¿Cuanto pesó el bebé al nacer? _____
4. ¿Se le ha dado pecho al bebé? ☐ Sí ☐ No
¿Si le dió, por cuánto tiempo? _____ ¿Cuándo fué la ultima vez? _____
5. ¿Se le ha dado leche de polvo? ☐ Sí ☐ No
¿Si se le ha dado, cómo se llama la leche? _____
6. Cuántas horas tardó el parto con este bebé? _____
7. ¿Recibió la madre natural cuidado médico durante su embarazo? ☐ Sí ☐ No
¿Si fué, cuándo fué la primera visita? _____
¿Cuántas veces durante el embarazo fué con el doctor para exámenes médicos? _____
8. ¿Fué examinado por un pediatra cuando nació el bebé? ☐ Sí ☐ No
9. ¿Desde que nació el bebé, lo ha examinado un doctor? ☐ Sí ☐ No
¿Si lo ha hecho, cuándo? _____
10. ¿Fumó cigarros la madre durante su embarazo? ☐ Sí ☐ No
¿Si lo hizo, por cuánto tiempo? _____
11. ¿Tomó la madre bebidas alcohólicas durante su embarazo? ☐ Sí ☐ No
¿Si lo hizo, cuántas veces? _____
12. ¿Tomó la madre medicinas durante su embarazo (sin o con receta del doctor)? ☐ Sí ☐ No
¿Si lo hizo, cuáles medicinas? _____ ¿Cuántas veces? _____
13. ¿Usó la madre drogas ilegales durante su embarazo? ☐ Sí ☐ No
¿Si lo hizo, cuáles uso? _____ ¿Cuántas veces? _____
14. ¿Ha estado la madre embarazada anteriormente? ☐ Sí ☐ No
¿Si ha estado, cuantas veces? _____
¿Tuvo algunas complicaciones con alguno de los embarazos? ☐ Sí ☐ No
Por favor explique: _____
15. ¿Cuál raza/etnicidad son los padres del bebé? Madre: _____ Padre: _____
¿Tiene el bebé ancestría de Nativo-Americano? ☐ Sí ☐ No
¿Si tiene, cuál es el nombre de la tribu? _____

Número de identificación: _____

Por favor indique si los padres naturales (madre o padre), o alguno de sus parientes tienen o han tenido cualquiera de las condiciones médicas apuntadas abajo.

TIPO DE ENFERMEDAD	RELACIÓN AL NIÑO(A)	EDAD QUE EMPEZÓ LA ENFERMEDAD
<input type="checkbox"/> HIV o SIDA		
<input type="checkbox"/> Enfermedades transmitidas sexualmente ¿Qué clase? _____		
<input type="checkbox"/> Cáncer ¿Qué clase? _____		
<input type="checkbox"/> Epilepsia		
<input type="checkbox"/> Enfermedad mental ¿Qué clase? _____		
<input type="checkbox"/> Alta presión		
<input type="checkbox"/> Enfermedad del corazón		
<input type="checkbox"/> Diabetes		
<input type="checkbox"/> Fibrosis quística		
<input type="checkbox"/> Problemas de los riñones ¿Qué clase? _____		
<input type="checkbox"/> Problemas de los ojos, de los oídos, o de hablar ¿Qué clase? _____		
<input type="checkbox"/> Asma		
<input type="checkbox"/> Tuberculosis		
<input type="checkbox"/> Enfermedad de células sanguíneas		
<input type="checkbox"/> Problemas con retraso en aprendizaje o instrucción especial ¿Qué clase? _____		
<input type="checkbox"/> Alergias ¿Qué clase? _____		
<input type="checkbox"/> Otras enfermedades ¿Qué es? _____		

Por favor provea cualquier información adicional que nos pueda ayudar a darle al bebé el mejor tratamiento de salud ahora y en el futuro. (Usted puede escribir al otro lado de esta página.)

BILL NUMBER: SB 525 CHAPTERED
BILL TEXT

CHAPTER 1012
FILED WITH SECRETARY OF STATE OCTOBER 10, 1999
APPROVED BY GOVERNOR OCTOBER 10, 1999
PASSED THE SENATE SEPTEMBER 8, 1999
PASSED THE ASSEMBLY SEPTEMBER 7, 1999
AMENDED IN ASSEMBLY SEPTEMBER 2, 1999
AMENDED IN ASSEMBLY JULY 15, 1999
AMENDED IN SENATE MAY 17, 1999
AMENDED IN SENATE APRIL 20, 1999
AMENDED IN SENATE APRIL 13, 1999

INTRODUCED BY Senator Polanco

FEBRUARY 19, 1999

An act to amend Section 11166.9 of the Penal Code, relating to child abuse.

LEGISLATIVE COUNSEL'S DIGEST

SB 525, Polanco. Child abuse: state and local coordination.

Existing law provides for coordination between specified state and local entities to address fatal child abuse and neglect, and to provide a body of information to prevent child deaths.

This bill would recast those provisions. The bill would add more state and private entities to the members of the California State Child Death Review Council, specify additional duties for the council and the Department of Justice in connection with gathering and tracking information regarding child deaths from abuse or neglect, and specify additional duties for the State Department of Health Services in connection with tracking child abuse information in specified state data systems. The bill would provide that the provisions requiring the development of the tracking system would be operative July 1, 2000, and that implementation of the tracking system by the State Department of Health Services, and implementation of training and other duties by the Office of Criminal Justice Planning would be done only to the extent that funds are appropriated for that purpose in the Budget Act. The bill would also require law enforcement and child welfare agencies to cross-report, and county child welfare agencies to create a record in the Child Welfare Services/Case Management System of, all cases of child death suspected to be child abuse or neglect related. By imposing additional duties on local governments, this bill would create a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement, including the creation of a State Mandates Claims Fund to pay the costs of mandates that do not exceed \$1,000,000 statewide and other procedures for claims whose statewide costs exceed \$1,000,000.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 11166.9 of the Penal Code is amended to read:

11166.9. (a) (1) The purpose of this section shall be to coordinate and integrate state and local efforts to address fatal child abuse and neglect, and to create a body of information to prevent child deaths.

(2) It is the intent of the Legislature that the California State Child Death Review Council, the Department of Justice, the State Department of Social Services, the State Department of Health Services, and state and local child death review teams shall share data and other information necessary from the Department of Justice Child Abuse Central Index and Supplemental Homicide File, the State Department of Health Services Vital Statistics and the Department of Social Services Child Welfare Services/Case Management System files to establish accurate information on the nature and extent of child abuse and neglect related fatalities in California as those documents relate to child fatality cases. Further, it is the intent of the Legislature to ensure that records of child abuse or neglect related fatalities are entered into the State Department of Social Services, Child Welfare Services/Case Management System. It is also the intent that training and technical assistance be provided to child death review teams and professionals in the child protection system regarding multiagency case review.

(b) (1) It shall be the duty of the California State Child Death Review Council to oversee the statewide coordination and integration of state and local efforts to address fatal child abuse and neglect and to create a body of information to prevent child deaths. The Department of Justice, the State Department of Social Services, the State Department of Health Services, the California Coroner's Association, the County Welfare Directors Association, Prevent Child Abuse California, the California Homicide Investigators Association, the Office of Criminal Justice Planning, the Inter-Agency Council on Child Abuse and Neglect/National Center on Child Fatality Review, the California Conference of Local Health Officers, the California Conference of Local Directors of Maternal, Child, and Adolescent Health, the California Conference of Local Health Department Nursing Directors, the California District Attorneys Association, and at least three regional representatives, chosen by the other members of the council, working collaboratively for the purposes of this section, shall be known as the California State Child Death Review Council. The council shall select a chairperson or cochairpersons from the members.

(2) The Department of Justice is hereby authorized to carry out the purposes of this section by coordinating council activities and working collaboratively with the agencies and organizations in paragraph (1), and may consult with other representatives of other agencies and private organizations, to help accomplish the purpose of this section.

(c) Meetings of the agencies and organizations involved shall be convened by a representative of the Department of Justice. All meetings convened between the Department of Justice and any organizations required to carry out the purpose of this section shall take place in this state. There shall be a minimum of four meetings per calendar year.

(d) To accomplish the purpose of this section, the Department of Justice and agencies and organizations involved shall engage in the following activities:

(1) Analyze and interpret state and local data on child death in an annual report to be submitted to local child death review teams with copies to the Governor and the Legislature, no later than July 1 each year. Copies of the report shall also be distributed to public officials in the state who deal with child abuse issues and to those

agencies responsible for child death investigation in each county. The report shall contain, but not be limited to, information provided by state agencies and the county child death review teams for the preceding year.

The state data shall include the Department of Justice Child Abuse Central Index and Supplemental Homicide File, the State Department of Health Services Vital Statistics, and the State Department of Social Services Child Welfare Services/Case Management System.

(2) In conjunction with the Office of Criminal Justice Planning, coordinate statewide and local training for county death review teams and the members of the teams, including, but not limited to, training in the application of the interagency child death investigation protocols and procedures established under Sections 11166.7 and 11166.8 to identify child deaths associated with abuse.

(e) The State Department of Health Services, in collaboration with the California State Child Death Review Council, shall design, test and implement a statewide child abuse and neglect fatality tracking system incorporating information collected by local child death review teams. The department shall:

(1) Establish a minimum case selection criteria and review protocols of local child death review teams.

(2) Develop a standard child death review form with a minimum core set of data elements to be used by local child death review teams, and collect and analyze that data.

(3) Establish procedural safeguards in order to maintain appropriate confidentiality and integrity of the data.

(4) Conduct annual reviews to reconcile data reported to the State Department of Health Services Vital Statistics, Department of Justice Homicide Files and Child Abuse Central Index, and the State Department of Social Services Child Welfare Services/Case Management System data systems, with data provided from local child death review teams.

(5) Provide technical assistance to local child death review teams in implementing and maintaining the tracking system.

(6) This subdivision shall become operative on July 1, 2000, and shall be implemented only to the extent that funds are appropriated for its purposes in the Budget Act.

(f) Local child death review teams shall participate in a statewide child abuse and neglect fatalities monitoring system by:

(1) Meeting the minimum standard protocols set forth by the State Department of Health Services in collaboration with the California State Child Death Review Council.

(2) Using the standard data form to submit information on child abuse and neglect fatalities in a timely manner established by the State Department of Health Services.

(g) The California State Child Death Review Council shall monitor the implementation of the monitoring system and incorporate the results and findings of the system and review into an annual report.

(h) The Department of Justice shall direct the creation, maintenance, updating, and distribution electronically and by paper, of a statewide child death review team directory, which shall contain the names of the members of the agencies and private organizations participating under this section, and the members of local child death review teams and local liaisons to those teams. The department shall work in collaboration with members of the California State Child Death Review Council to develop a directory of professional experts, resources, and information from relevant agencies and organizations and local child death review teams, and to facilitate regional working relationships among teams. The Department of Justice shall maintain and update these directories annually.

(i) The agencies or private organizations participating under this section shall participate without reimbursement from the state. Costs incurred by participants for travel or per diem shall be borne

by the participant agency or organization. The participants shall be responsible for collecting and compiling information to be included in the annual report. The Department of Justice shall be responsible for printing and distributing the annual report using available funds and existing resources.

(j) The Office of Criminal Justice Planning, in coordination with the State Department of Social Services, Department of Justice, and the California State Child Death Review Council shall contract with state or nationally recognized organizations in the area of child death review to conduct statewide training and technical assistance for local child death review teams and relevant organizations, develop standardized definitions for fatal child abuse and neglect, develop protocols for the investigation of fatal child abuse, and address relevant issues such as grief and mourning, data collection, training for medical personnel in the identification of child abuse fatalities, domestic violence fatality review, and other related topics and programs. The provisions of this subdivision shall only be implemented to the extent that the Office of Criminal Justice Planning can absorb the costs of implementation within its current funding, or to the extent that funds are appropriated for its purposes in the Budget Act.

(k) Law enforcement and child welfare agencies shall cross-report all cases of child death suspected to be related to child abuse or neglect whether or not the deceased child has any known surviving siblings.

(l) County child welfare agencies shall create a record in the Child Welfare Services/Case Management System (CWS/CMS) on all cases of child death suspected to be related to child abuse or neglect, whether or not the deceased child has any known surviving siblings. Upon notification that the death was determined not to be related to child abuse or neglect, the child welfare agency shall enter that information into the Child Welfare Services/Case Management System.

SEC. 2. Notwithstanding Section 17610 of the Government Code, if the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code. If the statewide cost of the claim for reimbursement does not exceed one million dollars (\$1,000,000), reimbursement shall be made from the State Mandates Claims Fund.

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



September 18, 2002

ALL COUNTY INFORMATION NOTICE I-66-02

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY CHIEF PROBATION
OFFICERS

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
☐ Federal Law or Regulation
Change
☐ Court Order
☐ Clarification Requested by
One or More Counties
☒ Initiated by CDSS

SUBJECT: REPORTING REQUIREMENTS: SAFELY SURRENDERED BABY
LAW AND CHILD FATALITIES

REFERENCES: ALL COUNTY LETTER NO. 02-01 (SAFELY SURRENDERED
BABY) SENATE BILL 1368, CHAPTER 824, STATUTES OF 2000
ALL COUNTY LETTER NO. 14-01 (CHILD DEATHS) SENATE
BILL 525, CHAPTER 1012, STATUTES OF 1999

The purpose of this All County Information Notice (ACIN) is to remind county Child Welfare Services (CWS) Agencies of the reporting requirements for both the Safely Surrendered Baby Law and Child Death cases.

Reporting Safely Surrendered Babies Cases

Senate Bill 1368 requires the California Department of Social Services (CDSS) to submit three reports to the Legislature on the effect of the Safely Surrendered Baby Law (formerly the Safe Arms for Newborns Law). These reports must include information about safely surrendered babies cases, as well as other cases involving abandonment. The reports are due to the Legislature on January 1, 2003, January 1, 2004, and January 1, 2005. Information to be included in the legislative report includes, but is not limited to, the following:

1. The number of children, one year or younger, who were not safely surrendered under the provisions of the Safely Surrendered Baby Law, but who were found abandoned, dead or alive. This category includes, but is not limited to, those situations in which the infant was left in a dumpster, on a door step, or other location and the parent(s) failed to return for the child or otherwise make any provisions for the care of the child.
2. The number of infants, by approximate age, surrendered under the provisions of the Safely Surrendered Baby Law.

3. The number of medical information questionnaires that are completed for safely surrendered babies.
4. The number of instances where the surrendering person seeks to reclaim custody of the child, both during and after the initial 14-day time period, and the outcome of these requests.
5. Whether a person seeking to reclaim custody of a child is the same person who surrendered the child.
6. The number of children surrendered under this law that show signs of neglect or abuse and the disposition of those cases.
7. The number of parents or legal guardians who were eventually located and contacted by social workers.

The CDSS will develop the report based on data gathered from various sources, including Child Welfare Services/Case Management System (CWS/CMS) data, as well as information from follow-up discussions with counties and hospitals. As a result, it is imperative that counties report safely surrendered babies cases to CDSS through CWS/CMS accurately and in a timely fashion.

Attachment A contains the most recent CWS/CMS data reporting instructions for safely surrendered babies cases. The CWS/CMS bulletin containing these instructions that was issued on May 9, 2002, superceded the instructions attached to All County Letter (ACL) No. 02-01 issued January 12, 2001.

Reporting on Abandonment Cases

As indicated above, an "abandonment case" is any case in which either a baby was left at a location or with an individual other than the location(s) or individuals specified under the Safely Surrendered Baby Law or the child was left without any means of support or care, the whereabouts of the parents are unknown and reasonable efforts to locate the parents have been unsuccessful. There is no special code or procedure for recording data on these cases. The data associated with these cases is, and will continue to be, collected through CWS/CMS when abandonment has been identified and documented as the allegation of abuse type and/or as an intervention reason.